

**REQUEST FOR DETERMINATION OF
ENTITLEMENT TO TRADE ADJUSTMENT ALLOWANCES
STATE OF ALASKA, DEPARTMENT OF LABOR**

Name & Address of Applicant:		Social Security No:
		Phone No:
		Occupation:
Name & Address of Firm (for which TAA benefits apply)		State in which separation occurred:
		Number of weeks you earned \$30 or more:
		Dates of employment: From <u> </u> / <u> </u> / <u> </u> To <u> </u> / <u> </u> / <u> </u>
* Date <u> </u> / <u> </u> / <u> </u> of first separation after impact date: (see letter from TAA Coordinator for impact date)		
Type of Separation: <input type="checkbox"/> Total <input type="checkbox"/> Partial Reason for Separation: <input type="checkbox"/> Lack of Work <input type="checkbox"/> Other - please explain		
1. Did you work for any other employer after the employment shown in * above? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes - complete section b)	b. Name & Address of the Employer: Date of Separation: <u> </u> / <u> </u> / <u> </u> Reason for Separation: <input type="checkbox"/> Layoff <input type="checkbox"/> Other (Please attach explanation)	
2. Have you filed a claim for Trade Adjustment Assistance before this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes - complete section b)	b. State where you filed: Date when you filed: <u> </u> / <u> </u> / <u> </u>	
3. Since your separation in * above, have you applied for unemployment insurance benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes - complete section b)	b. State paying the benefits: Type of benefits:	
4. Are you now in a training program? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes - complete section b)	b. Name of program: Location of program:	
5. Have you been called-up to active duty in a reserve status for 90 days or more? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please give start date <u> </u> / <u> </u> / <u> </u> and end date <u> </u> / <u> </u> / <u> </u>		
If you were on active duty for over 180 days or discharged for a service-connected disability, or are a spouse as shown below, please mark the appropriate box. A. <input type="checkbox"/> Vietnam Era Veteran. Service was anytime beginning February 22, 1961 through May 7, 1975. B. <input type="checkbox"/> Other Veteran. Service was other than August 5, 1964 through May 7, 1975. C. <input type="checkbox"/> Do you have a service connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No D. <input type="checkbox"/> Spouse of a 100% disabled Veteran (service connected), a veteran killed in the line of duty, a military service member MIA or POW.		
WORKER CERTIFICATION I give this information to support my request for a determination of entitlement to Trade Adjustment Allowances. The information contained in this request is correct and complete to the best of my knowledge. I understand that penalties are provided for willful misrepresentation to obtain allowances to which I am not entitled.		
SIGNATURE :		DATE: (This date will be used as Filing Date)

TAA Office Use Only

Petition No.	Date Petition Filed:	Office Number:
Impact Date	Certification Date:	Expiration Date:
Qualifying Begin Date <u> / / </u> End Date <u> / / </u> (The 52 calendar week period prior to & including the week of separation.)		